

Income
Cl Paul

Contact person to be notified for: permitting (X) surety (X) Notices (X) (please check all that apply)

Name: Carlos Alegre Title: Manager of Construction Materials
Address: PO Box 30429
City, State, Zip: Salt Lake City, UT 84130
Phone: 801-526-6051 Fax: 801-526-6091
Emergency, Weekend, or Holiday Phone: 801-831-6051
E-mail Address: carolos.alegre@gcinc.com

Contact person to be notified for: permitting (X) surety (X) Notices (X) (please check all that apply)

Registered Utah Agent (as identified with the Utah Department of Commerce) (if individual leave blank):

Name: Corporations Service Company
Address: 2180 South 1300 East
City, State, Zip: Salt Lake City, UT 84106
Phone: _____ Fax: _____
E-mail Address: _____

4. **If Business is a Sole Proprietor:**

Name of Owner: _____ Title: _____
Business Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____
E-mail Address: _____

If Business is a Corporation:

Name of Officers: <u>William Dorey</u>	Title: <u>President & CEO</u>
<u>Mark Boitano</u>	Title: <u>COO</u>
<u>Jim Roberts</u>	Title: <u>Executive VP – Branch Division</u>
<u>Jay McQuillen</u>	Title: <u>VP–Northwest Operating Group</u>

Headquarters Address: 585 West Beach Street
City, State, Zip: Watsonville, CA 95076
Headquarters Phone: (831) 724-1011 Fax: (831) 722-9657
E-mail Address: info@gcinc.com

If Business is a Limited Liability Company: Member Managed ☐ Manager Managed ☐

Name of 1st Member/Manager: _____ Title: _____
Business Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____
E-mail Address: _____

Name of 2nd Member/Manager: _____
Business Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____
E-mail Address: _____

If Business is a Partnership:

Name of Partner: _____
Business Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____
E-mail Address: _____